

1996 Kansas Hispanic Survey

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The interview will only take a short time, and all the information obtained in this study will be confidential.

Section A: Health Status

1. Would you say that in general your health is:

Please Read

- | | | |
|-----------|---------------------|---|
| a. | Excellent | 1 |
| b. | Very good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| or | | |
| e. | Poor | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- | | | |
|----|---------------------|-----|
| a. | Number of days | -- |
| b. | None | 0 0 |
| | DON'T KNOW/NOT SURE | 7 7 |
| | REFUSED | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- | | | |
|----|---|-----|
| a. | Number of days | -- |
| b. | None If Q. 2 also "None," go to Q. 5 | 0 0 |
| | DON'T KNOW/NOT SURE | 7 7 |
| | REFUSED | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

a.	Number of days	--
b.	None	0 0
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

Section B: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- | | | | |
|----|---------------------|-------------------|---|
| a. | Yes | Go to Q. 7 | 1 |
| b. | No | | 2 |
| | DON'T KNOW/NOT SURE | Go to Q. 7 | 7 |
| | REFUSED | Go to Q. 7 | 9 |

6. About how long has it been since you had health care coverage?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to < 6 months ago) | 1 |
| b. | Within the past year (6 to < 12 months ago) | 2 |
| c. | Within the past 2 years (1 to < 2 years ago) | 3 |
| d. | Within the past 5 years (2 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| f. | Never | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

7. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

8. About how long has it been since you last visited a doctor for a routine checkup?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to < 12 months ago) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) | 2 |
| c. | Within the past 5 years (2 to < 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| e. | Never | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section C: Hypertension Awareness

9. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to < 6 months ago) | 1 |
| b. | Within the past year (6 to < 12 months ago) | 2 |
| c. | Within the past 2 years (1 to < 2 years ago) | 3 |
| d. | Within the past 5 years (2 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| f. | Never Go to Q. 12 | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

10. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 12 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 12 | 7 |
| | REFUSED Go to Q. 12 | 9 |

11. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

- | | | |
|----|---------------------|---|
| a. | More than once | 1 |
| b. | Only once | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section D: Cholesterol Awareness

12. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 15 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 15 | 7 |
| | REFUSED Go to Q. 15 | 9 |

13. About how long has it been since you last had your blood cholesterol checked?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to < 12 months ago) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) | 2 |
| c. | Within the past 5 years (2 to < 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

14. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section E: Diabetes

15. Have you ever been told by a doctor that you have diabetes?

**If "Yes" and
female, ask
"Was this
only when
you were
pregnant?"**

- | | | | |
|----|--|--------------------|---|
| a. | Yes | Go to Q. 16 | 1 |
| b. | Yes, but female told only during pregnancy | Go to Q. 39 | 2 |
| c. | No | Go to Q. 39 | 3 |
| | DON'T KNOW/NOT SURE | Go to Q. 39 | 7 |
| | REFUSED | Go to Q. 39 | 9 |

16. How old were you when you were told you had diabetes?

- | | | |
|---------------------|----------------------------|-----|
| Code age in years | [76 = 76 and older] | -- |
| DON'T KNOW/NOT SURE | | 7 7 |
| REFUSED | | 9 9 |

17. Are you now taking insulin?

- | | | |
|----|---------|----------------------|
| a. | Yes | 1 |
| b. | No | Go to Q. 20 2 |
| | REFUSED | Go to Q. 20 9 |

18. Did you have to start taking insulin at the time you were first diagnosed with diabetes?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

19. Currently, about how often do you use insulin?

- | | | |
|----|---------------------|-------|
| a. | Times per day | 1 _ _ |
| b. | Times per week | 2 _ _ |
| c. | Use insulin pump | 3 3 3 |
| | DON'T KNOW/NOT SURE | 7 7 7 |
| | REFUSED | 9 9 9 |

20. When your blood sugar has been checked, how high has it usually been?
Would you say:

Please Read

- | | | |
|----|---------------------|---|
| a. | Less than 150 | 1 |
| b. | 150 to 200 | 2 |
| c. | More than 200 | 3 |
| | IT IS NEVER CHECKED | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

21. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- | | | |
|----|---------------------|-------|
| a. | Times per day | 1 _ _ |
| b. | Times per week | 2 _ _ |
| c. | Times per month | 3 _ _ |
| d. | Times per year | 4 _ _ |
| e. | Never | 8 8 8 |
| | DON'T KNOW/NOT SURE | 7 7 7 |
| | REFUSED | 9 9 9 |

22. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated he-mo-glo-bin] or hemoglobin "A one C"?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

23. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

- | | | |
|----|--|-----|
| a. | Number of times | -- |
| b. | None Go to Q. 26 | 0 0 |
| | DON'T KNOW/NOT SURE Go to Q. 26 | 7 7 |
| | REFUSED Go to Q. 26 | 9 9 |

If "NO", "DON'T KNOW", or "REFUSED" to Q. 22, go to Q. 25

24. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

- | | | |
|----|--|---|
| a. | Number of times [6 = 6 or more] | _ |
| b. | None | 0 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

25. About how many times in the last year has a health professional checked your feet for any sores or irritations?

- | | | |
|----|--|---|
| a. | Number of times [6 = 6 or more] | _ |
| b. | None | 0 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

26. When was the last time you had an eye exam in which the pupils were dilated?
This would have made your eyes temporarily sensitive to bright light.

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past month (0 to < 30 days ago) | 1 |
| b. | Within the past year (1 to < 12 months ago) | 2 |
| c. | Within the past 2 years (1 to < 2 years ago) | 3 |
| d. | 2 or more years ago | 4 |
| e. | Never | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

27. Are you able to see the same doctor or health professional every time or nearly every time you go for a diabetes check-up?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

28. Who decides when you need your next diabetes check-up?

Read Only if Necessary

- | | | |
|----|---|---|
| a. | My doctor/health care provider schedules my appointment | 1 |
| b. | I make an appointment when I think I need one | 2 |
| c. | I don't make an appointment/I walk in | 3 |
| d. | Some other way | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

29. Have you talked to a dietician (diet specialist) about your diabetes during the past 5 years?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Has your diabetes caused you any of the following health problems?

		Yes	No	DK	Ref
30.	Loss of vision	1	2	7	9
31.	Loss of kidney function	1	2	7	9
32.	Frequent insulin reactions (low blood sugar)	1	2	7	9
38.	Skin sores or ulcers	1	2	7	9
34.	Amputation	1	2	7	9
35.	Heart disease	1	2	7	9
36.	Frequent infections	1	2	7	9
37.	Numbness, tingling, or pain in feet or legs	1	2	7	9
38.	Lose protein in urine	1	2	7	9

Section F: Injury Control

39. How often do you use seatbelts when you drive or ride in a car?
Would you say:

Please Read

- | | | |
|-----------|------------------------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |
| | NEVER DRIVE OR RIDE IN A CAR | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

40. What is the age of the oldest child in your household under the age of 16?

Code

**<1 yr.
as "01"**

- | | | |
|----|---|-----|
| a. | Code age in years | -- |
| b. | No children under age 16 Go to Q. 43 | 8 8 |
| | DON'T KNOW/NOT SURE Go to Q. 43 | 7 7 |
| | REFUSED Go to Q. 43 | 9 9 |

41. How often does the [fill in age from Q. 40]-year-old child in your household use
a...

car safety seat [for child under 5]

seatbelt [for child 5 or older]

...when they ride in a car? Would you say:

Please Read

- | | | |
|----------------------|---------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |
| NEVER RIDES IN A CAR | | 6 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

If oldest child 5 years or older, continue with Q. 42. Otherwise, go to Q. 43.

42. During the past year, how often has the [fill in age from Q. 40]-year-old child
worn a bicycle helmet when riding a bicycle? Would you say:

Please Read

- | | | |
|-----------------------|---------------|---|
| a. | Always | 1 |
| b. | Nearly Always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| or | | |
| e. | Never | 5 |
| NEVER RIDES A BICYCLE | | 6 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

43. When was the last time you or someone else deliberately tested all of the smoke detectors in your home, either by pressing the test buttons or holding a source of smoke near them?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past month (0 to < 1 month ago) | 1 |
| b. | Within the past 6 months (1 to < 6 months ago) | 2 |
| c. | Within the past year (6 to < 12 months ago) | 3 |
| d. | One or more years ago | 4 |
| e. | Never | 5 |
| f. | No smoke detectors in home | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section G: Tobacco Use

44. Have you smoked at least 100 cigarettes in your entire life?
5 packs
= 100
ciga-
rettes
- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 51 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 51 | 7 |
| | REFUSED Go to Q. 51 | 9 |
45. Do you smoke cigarettes now?
- | | | |
|----|----------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 50 | 2 |
| | REFUSED Go to Q. 51 | 9 |
46. On how many of the past 30 days did you smoke cigarettes?
- | | | |
|----|--|-----|
| a. | Number of days If 29 or less, go to Q. 48 | -- |
| b. | None Go to Q. 50 | 0 0 |
| | DON'T KNOW/NOT SURE | 7 7 |
| | REFUSED | 9 9 |
47. On the average, about how many cigarettes a day do you now smoke?
1 pack
= 20
ciga-
rettes
- | | | |
|--|---|-----|
| | Number of cigarettes Go to Q. 49 | -- |
| | DON'T KNOW/NOT SURE Go to Q. 49 | 7 7 |
| | REFUSED Go to Q. 49 | 9 9 |

48. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1 pack

= 20

**ciga-
rettes**

Number of cigarettes **Go to Q. 51** --

DON'T KNOW/NOT SURE **Go to Q. 51** 7 7

REFUSED **Go to Q. 51** 9 9

49. During the past 12 months, have you quit smoking for 1 day or longer?

a. Yes **Go to Q. 51** 1

b. No **Go to Q. 51** 2

DON'T KNOW/NOT SURE **Go to Q. 51** 7

REFUSED **Go to Q. 51** 9

50. About how long has it been since you last smoked cigarettes regularly, that is, daily?

Read Only if Necessary

a. Within the past month (0 to < 1 month ago) 0

b. Within the past 3 months (1 to < 3 months ago) 1

c. Within the past 6 months (3 to < 6 months ago) 2

d. Within the past year (6 to < 12 months ago) 3

e. Within the past 5 years (1 to < 5 years ago) 4

f. Within the past 15 years (5 to < 15 years ago) 5

g. 15 or more years ago 6

NEVER SMOKED REGULARLY 8

DON'T KNOW/NOT SURE 7

REFUSED 9

Section H: Alcohol Consumption

51. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

a.	Yes	1
b.	No Go to Q. 56	2
	DON'T KNOW/NOT SURE Go to Q. 56	7
	REFUSED Go to Q. 56	9

52. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

a.	Days per week	1	--
b.	Days per month	2	--
	DON'T KNOW/NOT SURE Go to Q. 54	7	7 7
	REFUSED Go to Q. 54	9	9 9

53. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

Number of drinks	--
DON'T KNOW/NOT SURE	7 7
REFUSED	9 9

54. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

a.	Number of times	--
b.	None	0 0
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

55. During the past month, how many times have you driven when you've had perhaps too much to drink?

a.	Number of times	--
b.	None	0 0
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

Section I: Demographics

These next few questions just ask for a little more information about yourself.

56. What is your age?

Code age in years	--
DON'T KNOW/NOT SURE	0 7
REFUSED	0 9

57. What is your ethnic background? Is it:

Please Read

a.	Mexican	0 1
b.	Chicano	0 2
c.	Mexican-American	0 3
d.	Puerto Rican	0 4
e.	Boricuan	0 5
f.	Cuban	0 6
g.	Cuban-American	0 7
h.	Spanish	0 8
i.	Dominican	0 9
j.	Hispano	1 0
k.	Latin American	1 1
l.	Central American Country (See Country List)	— —
m.	South American Country (See Country List)	— —
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

58. Are you:

Please Read

- | | | |
|-----------|---------------------------------|---|
| a. | Married | 1 |
| b. | Divorced | 2 |
| c. | Widowed | 3 |
| d. | Separated | 4 |
| e. | Never been married | 5 |
| or | | |
| f. | A member of an unmarried couple | 6 |
| | REFUSED | 9 |

59. How many children live in your household who are...

Please Read

Code 1-9

7 = 7 or more

0 = None

9 = Refused

- | | | |
|----|--------------------------|---|
| a. | less than 5 years old? | — |
| b. | 5 through 12 years old? | — |
| c. | 13 through 17 years old? | — |

60. What is the highest grade or year of school you completed?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Never attended school or kindergarten only | 1 |
| b. | Grades 1 through 8 (Elementary) | 2 |
| c. | Grades 9 through 11 (Some high school) | 3 |
| d. | Grade 12 or GED (High school graduate) | 4 |
| e. | College 1 year to 3 years (Some college or technical school) | 5 |
| f. | College 4 years or more (College graduate) | 6 |
| | REFUSED | 9 |

61. Are you currently:

Please Read

- | | | |
|-----------|----------------------------------|---|
| a. | Employed for wages | 1 |
| b. | Self-employed | 2 |
| c. | Out of work for more than 1 year | 3 |
| d. | Out of work for less than 1 year | 4 |
| e. | Homemaker | 5 |
| f. | Student | 6 |
| g. | Retired | 7 |
| or | | |
| h. | Unable to work | 8 |
| | REFUSED | 9 |

62. Is your annual household income from all sources:

Read as Appropriate

**If res-
pondent
refuses at
any
income
level,
code
refused**

- | | | |
|----|--|---|
| a. | Less than \$25,000 If "no," ask e; if "yes," ask b
(\$20,000 to less than \$25,000) | 4 |
| b. | Less than \$20,000 If "no," code a; if "yes," ask c
(\$15,000 to less than \$20,000) | 3 |
| c. | Less than \$15,000 If "no," code b; if "yes," ask d
(\$10,000 to less than \$15,000) | 2 |
| d. | Less than \$10,000 If "no," code c | 1 |
| e. | Less than \$35,000 If "no," ask f
(\$25,000 to less than \$35,000) | 5 |
| f. | Less than \$50,000 If "no," ask g
(\$35,000 to less than \$50,000) | 6 |
| g. | Less than \$75,000 If "no," code h
(\$50,000 to \$75,000) | 7 |
| h. | \$75,000 or more | 8 |

DON'T KNOW/NOT SURE 9

REFUSED 0

63. About how much do you weigh without shoes?

Round fractions up	Weight in pounds	---
	DON'T KNOW/NOT SURE	7 7 7
	REFUSED	9 9 9

64. About how tall are you without shoes?

Round fractions down	Height	$\frac{_}{_}$ ft/inches
	DON'T KNOW/NOT SURE	7 7 7
	REFUSED	9 9 9

65. What county do you live in?

FIPS county code (See County Code List)	---
DON'T KNOW/NOT SURE	7 7 7
REFUSED	9 9 9

66. Do you have more than one telephone number in your household?

a.	Yes	1
b.	No Go to Q. 68	2
	REFUSED Go to Q. 68	9

67. How many residential telephone numbers do you have?

Total telephone numbers [8=8 or more]	_
REFUSED	9

68. Indicate sex of respondent. **Ask Only if Necessary**

Male 1

Female 2

Section J: Country of Origin

69. In what country were you born?

- a. United States **Go to Q. 71** 0 1
- b. Other Country **See Country List** — —
- DON'T KNOW/NOT SURE **Go to Q. 71** 7 7
- REFUSED **Go to Q. 71** 9 9

70. How long have you lived in this country?

- a. Months 1 — —
- b. Years 2 — —
- DON'T KNOW/NOT SURE 7 7 7
- REFUSED 9 9 9

71. In what country was your father born?

- a. United States 0 1
- b. Other Country **See Country List** — —
- DON'T KNOW/NOT SURE 7 7
- REFUSED 9 9

72. In what country was your mother born?

- a. United States 0 1
- b. Other Country **See Country List** — —
- DON'T KNOW/NOT SURE 7 7
- REFUSED 9 9

Section K: Language Skills

73. How well do you speak Spanish? Do you speak:

Please Read

- | | | |
|----|--|---|
| a. | Good Spanish | 1 |
| b. | Fair Spanish | 2 |
| c. | Poor Spanish | 3 |
| d. | I Don't Speak Spanish
Don't ask if interview is in Spanish | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

74. Can you read and write in Spanish?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

75. How well do you speak English? Do you speak:

Please Read

- | | | |
|----|--|---|
| a. | Good English | 1 |
| b. | Fair English | 2 |
| c. | Poor English | 3 |
| d. | I don't speak English
Don't ask if interview is in English | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

76. Can you read and write in English?

a. Yes 1

b. No 2

DON'T KNOW/NOT SURE 7

REFUSED 9

Section L: Women's Health

If the respondent is male, go to Section M: Colorectal Cancer Screening

These next questions ask about medical services you may have recieved. Please remember that you can refuse to answer any question that you feel uncomfortable with.

77. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 80 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 80 | 7 |
| | REFUSED Go to Q. 80 | 9 |

78. How long has it been since you had your last Pap smear?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to < 12 months ago) | 1 |
| b. | Within the past 2 years (1 to < 2 years ago) | 2 |
| c. | Within the past 3 years (2 to < 3 years ago) | 3 |
| d. | Within the past 5 years (3 to < 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

79. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem?

- | | | |
|----|-----------------------------------|---|
| a. | Routine exam | 1 |
| b. | Check current or previous problem | 2 |
| c. | Other | 3 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

80. A clinical breast examination is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam?

- a. Yes 1
- b. No **Go to Q. 83** 2
- DON'T KNOW/NOT SURE **Go to Q. 83** 7
- REFUSED **Go to Q. 83** 9

81. How long has it been since your last breast exam?

Read Only if Necessary

- a. Within the past year (1 to < 12 months ago) 1
- b. Within the past 2 years (1 to < 2 years ago) 2
- c. Within the past 3 years (2 to < 3 years ago) 3
- d. Within the past 5 years (3 to < 5 years ago) 4
- e. 5 or more years ago 5
- DON'T KNOW/NOT SURE 7
- REFUSED 9

82. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- DON'T KNOW/NOT SURE 7
- REFUSED 9

83. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- a. Yes 1
- b. No **Go to Q. 86** 2
- DON'T KNOW/NOT SURE **Go to Q. 86** 7
- REFUSED **Go to Q. 86** 9

84. How long has it been since you had your last mammogram?

Read Only if Necessary

- a. Within the past year (1 to < 12 months ago) 1
- b. Within the past 2 years (1 to < 2 years ago) 2
- c. Within the past 3 years (2 to < 3 years ago) 3
- d. Within the past 5 years (3 to < 5 years ago) 4
- e. 5 or more years ago 5
- DON'T KNOW/NOT SURE 7
- REFUSED 9

85. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

- a. Routine Checkup 1
- b. Breast problem other than cancer 2
- c. Had breast cancer 3
- DON'T KNOW/NOT SURE 7
- REFUSED 9

86. A hysterectomy is an operation to remove the uterus (womb). Have you had a hysterectomy?

- | | | | |
|----|---------------------|--------------------|---|
| a. | Yes | Go to Q. 88 | 1 |
| b. | No | | 2 |
| | DON'T KNOW/NOT SURE | | 7 |
| | REFUSED | | 9 |

If respondent is aged 50 or older, go to Q. 88.

87. To your knowledge, are you now pregnant?

- | | | | |
|----|---------------------|--|---|
| a. | Yes | | 1 |
| b. | No | | 2 |
| | DON'T KNOW/NOT SURE | | 7 |
| | REFUSED | | 9 |

Section M: Colorectal Cancer Screening (Persons Aged 40+)

If the respondent is 18-39 years old, go to Section N: HIV/AIDS.

88. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer and other health problems. Have you ever had this exam?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 90 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 90 | 7 |
| | REFUSED Go to Q. 90 | 9 |

89. When did you have your last digital rectal exam?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

90. A proctoscopic exam is when a tube is inserted in the rectum to check for cancer and other health problems. Have you ever had this exam?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q. 92 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 92 | 7 |
| | REFUSED Go to Q. 92 | 9 |

91. When did you have your last proctoscopic exam?

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section N: HIV/AIDS Knowledge and Testing

If respondent is aged 65 or older, go to Section O: Fruits and Vegetables

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

92. What are your chances of getting infected with HIV, the virus that causes AIDS? Would you say:

Please Read

- | | | |
|---|--------|---|
| a. | High | 1 |
| b. | Medium | 2 |
| c. | Low | 3 |
| d. | None | 4 |
| NOT APPLICABLE BECAUSE ALREADY HAS HIV OR AIDS Go to Q. 94 | | 5 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

93. Have you ever had your blood tested for HIV?

- | | | |
|--|-----------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 98 | 2 |
| DON'T KNOW/NOT SURE Go to Q. 98 | | 7 |
| REFUSED Go to Q. 98 | | 9 |

94. When was your last blood test for HIV?

- | | |
|---------------------|-----------|
| Code month and year | _ _ / _ _ |
| DON'T KNOW/NOT SURE | 7 7 7 7 |
| REFUSED | 9 9 9 9 |

95. What was the main reason you had your last blood test for HIV?

Reason code _ _

Read Only if Necessary

a.	For hospitalization or surgical procedure	0 1
b.	To apply for health insurance	0 2
c.	To apply for life insurance	0 3
d.	For employment	0 4
e.	To apply for a marriage license	0 5
f.	For military induction or military service	0 6
g.	For immigration	0 7
h.	Just to find out if you were infected	0 8
i.	Because of referral by a doctor	0 9
j.	Because of pregnancy	1 0
k.	Referred by your sex partner	1 1
l.	Because it was part of a blood donation process	1 2
m.	For routine check-up	1 3
n.	Because of occupational exposure	1 4
o.	Because of illness	1 5
p.	Other	1 6
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

96. Where did you have your last blood test for HIV?

Facility Code _ _

Read Only if Necessary

a.	Private doctor, HMO	0 1
b.	Blood bank, plasma center, Red Cross	0 2
c.	Health department	0 3
d.	AIDS clinic, counseling, testing site	0 4
e.	Hospital, emergency room, outpatient clinic	0 5
f.	Family planning clinic	0 6
g.	Prenatal clinic	0 7
h.	Tuberculosis clinic	0 8
i.	STD clinic	0 9
j.	Community health clinic	1 0
k.	Clinic run by employer	1 1
l.	Insurance company clinic	1 2
m.	Other public clinic	1 3
n.	Drug treatment facility	1 4
o.	Military induction or military service site	1 5
p.	Immigration site	1 6
q.	At home, home visit by nurse or health worker	1 7
r.	At home using self-testing kit	1 8
s.	Other	1 9
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

97. Did you receive the results of your last test?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

98. Some people use condoms to keep from getting infected with HIV through sexual activity. How effective do you think a properly used condom is for this purpose? Would you say:

Please Read

- | | | |
|----|----------------------|---|
| a. | Very effective | 1 |
| b. | Somewhat effective | 2 |
| c. | Not at all effective | 3 |
| | DON'T KNOW METHOD | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

99. Has concern about HIV or AIDS caused you to change your sexual behavior?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section O: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

100. How often do you eat fruit, including fruit juices?

- | | | |
|----|---------------------|-------|
| a. | Per day | 1 _ _ |
| b. | Per week | 2 _ _ |
| c. | Per month | 3 _ _ |
| d. | Per year | 4 _ _ |
| e. | Never | 8 8 8 |
| | DON'T KNOW/NOT SURE | 7 7 7 |
| | REFUSED | 9 9 9 |

101. How many servings of vegetables do you usually eat, including salad and potatoes?

- | | | |
|----|---------------------|-------|
| a. | Per day | 1 _ _ |
| b. | Per week | 2 _ _ |
| c. | Per month | 3 _ _ |
| d. | Per year | 4 _ _ |
| e. | Never | 8 8 8 |
| | DON'T KNOW/NOT SURE | 7 7 7 |
| | REFUSED | 9 9 9 |

Section P: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

102. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 112 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 112 | 7 |
| | REFUSED Go to Q. 112 | 9 |

103. What type of physical activity or exercise did you spend the most time doing during the past month?

Activity **See Coding List A** _ _

REFUSED **Go to Q. 107** 9 9

Ask Q. 104 only if answer to Q. 103 is running, jogging, walking, or swimming. All others, go to Q. 105.

104. How far did you usually walk/run/jog/swim?

See coding list B if response is not in miles and tenths	Miles and tenths	_ _ _
	DON'T KNOW/NOT SURE	7 7 7
	REFUSED	9 9 9

105. How many times per week or per month did you take part in this activity during the past month?

- | | | |
|----|---------------------|-------|
| a. | Times per week | 1 _ _ |
| b. | Times per month | 2 _ _ |
| | DON'T KNOW/NOT SURE | 7 7 7 |
| | REFUSED | 9 9 9 |

106. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes _ : _ _

DON'T KNOW/NOT SURE 7 7 7

REFUSED 9 9 9

107. Was there another physical activity or exercise that you participated in during the last month?

a. Yes 1

b. No **Go to Q. 112** 2

DON'T KNOW/NOT SURE **Go to Q. 112** 7

REFUSED **Go to Q. 112** 9

108. What other type of physical activity gave you the next most exercise during the past month?

Activity **See Coding List A** _ _

REFUSED **Go to Q. 112** 9 9

Ask Q. 109 only if answer to Q. 108 is running, jogging, walking, or swimming. All others go to Q. 110.

109. How far did you usually walk/run/jog/swim?

See coding Miles and tenths _ _ _

list B if DON'T KNOW/NOT SURE 7 7 7

response is REFUSED 9 9 9

not in miles

and tenths

110. How many times per week or per month did you take part in this activity?

a. Times per week 1 _ _

b. Times per month 2 _ _

DON'T KNOW/NOT SURE 7 7 7

REFUSED 9 9 9

111. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Hours and minutes _ : _ _

DON'T KNOW/NOT SURE 7 7 7

REFUSED 9 9 9

Section Q: Quality of Life

These next questions are about limitations you may have in your daily life.

112. Are you limited in any way in any activities because of any impairment or health problem?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 115 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 115 | 7 |
| | REFUSED Go to Q. 115 | 9 |

113. What is the major impairment or health problem that limits your activities?

- | | | |
|----|--------------------------------------|-----|
| a. | Arthritis/rheumatism | 0 1 |
| b. | Back or neck problem | 0 2 |
| c. | Fractures, bone/joint injury | 0 3 |
| d. | Walking problem | 0 4 |
| e. | Lung/breathing problem | 0 5 |
| f. | Hearing problem | 0 6 |
| g. | Eye/vision problem | 0 7 |
| h. | Heart problem | 0 8 |
| i. | Stroke problem | 0 9 |
| j. | Hypertension/high blood pressure | 1 0 |
| k. | Diabetes | 1 1 |
| l. | Cancer | 1 2 |
| m. | Depression/anxiety/emotional problem | 1 3 |
| n. | Other impairment/problem | 1 4 |
| | DON'T KNOW/NOT SURE | 7 7 |

REFUSED

9 9

114. For how long have your activities been limited because of your major impairment or health problem?

a. Days 1 _ _

b. Weeks 2 _ _

c. Months 3 _ _

d. Years 4 _ _

DON'T KNOW/NOT SURE 7 7 7

REFUSED 9 9 9

115. Are you taking or should be taking any medication on a daily basis to treat a disease or health problem, such as diabetes or high blood pressure?

a. Yes 1

b. No 2

DON'T KNOW/NOT SURE 7

REFUSED 9

Section R: Health Care Utilization

116. During the past two years, how often have you gotten your health care from an emergency room or urgent care center? Would you say:

Please Read

- | | | |
|----|---------------------|---|
| a. | Always | 1 |
| b. | Nearly always | 2 |
| c. | Sometimes | 3 |
| d. | Seldom | 4 |
| e. | Never | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

117. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | | |
|----|---|---|
| a. | Yes Go to Q. 119 | 1 |
| b. | More than one place | 2 |
| c. | No Go to Q. 120 | 3 |
| | DON'T KNOW/NOT SURE Go to Q. 121 | 7 |
| | REFUSED Go to Q. 121 | 9 |

118. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q. 121 | 2 |
| | DON'T KNOW/NOT SURE Go to Q. 121 | 7 |
| | REFUSED Go to Q. 121 | 9 |

119. What kind of place is it -- a clinic, a health center, a hospital, a doctor's office, or some other place?

- | | | |
|----|--|-----|
| a. | Doctor's office or private clinic Go to Q. 121 | 0 1 |
| b. | Company or school health clinic/center
Go to Q. 121 | 0 2 |
| c. | Community/migrant/rural clinic/center
Go to Q. 121 | 0 3 |
| d. | County/city/public hospital outpatient clinic
Go to Q. 121 | 0 4 |
| e. | Private/other hospital outpatient clinic
Go to Q. 121 | 0 5 |
| f. | Hospital emergency room/Urgent care center
Go to Q. 121 | 0 6 |
| g. | HMO/prepaid group Go to Q. 121 | 0 7 |
| h. | Psychiatric hospital or clinic Go to Q. 121 | 0 8 |
| i. | VA hospital or clinic Go to Q. 121 | 0 9 |
| j. | Military health care facility
Go to Q. 121 | 1 0 |
| k. | Some other kind of place Go to Q. 121 | 1 1 |
| | DON'T KNOW/NOT SURE Go to Q. 121 | 7 7 |
| | REFUSED Go to Q. 121 | 9 9 |

120. What is the main reason you do not have a usual source of medical care?

a.	Two or more usual places	0 1
b.	Have not needed a doctor	0 2
c.	Do not like/trust/believe in doctors	0 3
d.	Do not know where to go	0 4
e.	Previous doctor is not available/moved	0 5
f.	No insurance/cannot afford	0 6
g.	Speak a different language	0 7
h.	No place is available/close enough/convenient	0 8
i.	Other	0 9
	DON'T KNOW/NOT SURE	7 7
	REFUSED	9 9

Section S: Social Context

121. How long have you lived at your current address?

Read Only If Necessary

- | | | |
|----|--------------------------------------|---|
| a. | Less than 6 months (0 to < 6 months) | 1 |
| b. | Less than 1 year (6 to < 12 months) | 2 |
| c. | Less than 2 years (1 to < 2 years) | 3 |
| d. | 2 or more years | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

122. Do you rent or own your home?

- | | | |
|----|---------------------|---|
| a. | Own | 1 |
| b. | Rent | 2 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Section T: Quality of Life for Older Kansans

If respondent is 18-64 years old, go to Section U: Violence and Crime

123. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

a.	Yes	1
b.	No	2
	DON'T KNOW/NOT SURE	7
	REFUSED	9

124. Because of any impairment or health problem, do you need the help of other persons with your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

a.	Yes	1
b.	No	2
	DON'T KNOW/NOT SURE	7
	REFUSED	9

125. During the past 12 months, have you fallen?

a.	Yes	1
b.	No Go to Q. 127	2
	DON'T KNOW/NOT SURE Go to Q. 127	7
	REFUSED Go to Q. 127	9

126. During the past 12 months, have you had to see a doctor or nurse because you were injured when you fell?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

127. During the past 5 years, have you been admitted to a hospital?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

128. During the past 5 years, were you ever admitted to a nursing home?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

129. During the past week, have you needed to change your clothes or bed sheets because you lost control of your bladder?

- | | | |
|---------------------|-----|---|
| a. | Yes | 1 |
| b. | No | 2 |
| DON'T KNOW/NOT SURE | | 7 |
| REFUSED | | 9 |

130. During the past week, have you needed to change your clothes or bed sheets because you lost control of your bowels?

a. Yes 1

b. No 2

DON'T KNOW/NOT SURE 7

REFUSED 9

Section U: Violence and Crime

These next few questions deal with violence or crime.

131. How afraid are you to leave your home at night? Would you say:

Please Read

- | | | |
|----|---------------------|---|
| a. | Very afraid | 1 |
| b. | Somewhat afraid | 2 |
| c. | A little afraid | 3 |
| d. | Not afraid | 4 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

132. When was the last time you saw a violent crime in your neighborhood (someone hurting or trying to hurt someone else)?

Read Only if Necessary

- | | | |
|----|-----------------------|---|
| a. | Within the past week | 1 |
| b. | Within the past month | 2 |
| c. | Within the past year | 3 |
| d. | One or more years ago | 4 |
| e. | Never | 5 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

133. During the past year have you known or seen anyone who was beaten or otherwise hurt by their husband, wife, boyfriend, or girlfriend?

a. Yes 1

b. No 2

DON'T KNOW/NOT SURE 7

REFUSED 9

Section V: Tuberculosis

These next few questions are about tuberculosis, also known as TB.

134. How long has it been since you had a skin test for TB or tuberculosis?

Read Only if Necessary

- a. Within the past year (1 to 12 months ago) 1
- b. Within the past 2 years (1 to 2 years ago) 2
- c. Within the past 5 years (2 to 5 years ago) 3
- d. Within the past 10 years (5 to 10 years) 4
- e. 10 or more years ago 5
- f. Never **Go to Q. 136** 6
- DON'T KNOW/NOT SURE **Go to Q. 136** 7
- REFUSED **Go to Q. 136** 9

135. Have you ever had a positive skin test for TB or been told that you were a TB carrier?

- a. Yes **Go to Q. 138** 1
- b. No 2
- DON'T KNOW/NOT SURE 7
- REFUSED 9

136. Have you ever lived with someone who had tuberculosis or TB?

- a. Yes **Go to Q. 138** 1
- b. No 2
- DON'T KNOW/NOT SURE 7
- REFUSED 9

137. Have you ever known someone who had tuberculosis or TB?

a. Yes 1

b. No 2

DON'T KNOW/NOT SURE 7

REFUSED 9

Section W: Acculturation

138. Do you celebrate:

Please Read

- | | | |
|----|--|---|
| a. | Only Latino Holidays | 1 |
| b. | Mostly Latino Holidays | 2 |
| c. | Both Anglo-American and Latino Holidays
about Equally | 3 |
| d. | Mostly Anglo-American Holidays | 4 |
| e. | Only Anglo-American Holidays | 5 |
| f. | Other Ethnic Holidays | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

139. What kind of foods do you eat?:

Please Read

- | | | |
|----|--|---|
| a. | Only Latino Food | 1 |
| b. | Mostly Latino Food | 2 |
| c. | Both Anglo-American and Latino Food
about Equally | 3 |
| d. | Mostly Anglo-American Food | 4 |
| e. | Only Anglo-American Food | 5 |
| f. | Other Types of Food | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

140. Of the various cultures that you are familiar with, with which do you feel the most comfortable?

Please Read

- | | | |
|----|---|---|
| a. | Definitely the Latino Culture | 1 |
| b. | Probably more with the Latino Culture | 2 |
| c. | Both Anglo-American and Latino Cultures about Equally | 3 |
| d. | Probably more with the Anglo-American Culture | 4 |
| e. | Definitely with the Anglo-American Culture | 5 |
| f. | Other Ethnic Group | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

141. Would you say that the people that you would most like to be accepted by, such as friends, relatives, and co-workers are:

Please Read

- | | | |
|----|--|---|
| a. | Only Latino | 1 |
| b. | Mostly Latino | 2 |
| c. | Both Anglo-Americans and Latinos about equally | 3 |
| d. | Mostly Anglo-Americans | 4 |
| e. | Only Anglo-Americans | 5 |
| f. | Other ethnic group | 6 |
| | DON'T KNOW/NOT SURE | 7 |
| | REFUSED | 9 |

Closing Statement

That was my last question. Everyone's answers will be combined to give us more information about the health practices of Latino Kansans. Thank you very much for your time and cooperation.

142. Sample

- a. 3 County 1
- b. Hispanic Surname 2

Country Code List

01	United States
02	Argentina
03	Belize
04	Bolivia
05	Brazil
06	Chile
07	Colombia
08	Costa Rica
09	Cuba
10	Dominican Republic
11	Ecuador
12	El Salvador
13	Guatemala
14	Guyana
15	Haiti
16	Honduras
17	Jamaica
18	Mexico
19	Nicaragua
20	Panama
21	Paraguay
22	Peru
23	Puerto Rico
24	Spain
25	Uruguay
26	Venezuela
27	Other